

## **Youth Camp Registration Application**

## PLEASE COMPLETE BOTH PAGES OF THIS APPLICATION AND SUBMIT IT TO EH&S AT LEAST 30 DAYS PRIOR TO THE OPENING OF THE YOUTH CAMP

Camp Name	
Camp Address	
Mailing Address (if different)	
	_ Fax #
E-mail Address	
Type of Camp: □ Day □ Residential	
Number of Sessions:	
Camp Opening and Closing Dates for each session: _	
Number of Campers per session	
Number of Employees per session	_
Camp Owner	Home/Emergency #
Owner Address	
Camp Director	Home/Emergency #
Camp Director Address	

Camp Store:	□ Yes	$\square$ No	Types of items avai	lable		
			her than commercia bars, etc.) a <u>Tempor</u>			
Please list a	ll University	facilities/a	areas that will be	used by this	Youth Camp	
Athletic_Fac	<u>ilities:</u>					
Dormitory H						
this applicat at the end of The undersign and policies,	the camp seas	The \$125.00 on.  comply with a sticut Public	nsed by the CT De D Youth Camp fee all Connecticut Gene Health Code. For d	per camp wil eral Statutes, th	l be billed by Co	Onference Services Connecticut rules
		Signature of	of Camp Director		Date	

Serving all University of Connecticut locations Avery Point, Hartford, School of Law, Stamford, Storrs, and Waterbury Department of Environmental Health and Safety, 3102 Horsebarn Hill Rd. U-4097, Storrs, CT 06269-4097 Phone: (860) 486-3613 Fax: (860) 486-1106 Web: <a href="https://www.ehs.uconn.edu">www.ehs.uconn.edu</a>